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|                        |              |
|------------------------|--------------|
| Application Number     | 10566321     |
| Filing Date            | 2006-01-26   |
| First Named Inventor   | Rina Aharoni |
| Art Unit               |              |
| Examiner Name          | ROBINSON     |
| Attorney Docket Number | AHARONI10    |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number

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is the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| Signature | <i>Sara Plutchik</i> |           |              |
| Name      | SARA PLUTCHIK        |           |              |
| Date      | MAY 07 2009          | Telephone | 03 - 9233227 |

1. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted

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